

QUALIFIED PRODUCT INFORMATION FORM FOR CORDLESS TELEPHONES AND ANSWERING MACHINES



ENERGY STAR® Product Information Form for Use by ENERGY STAR Labeled Cordless Telephones and Answering Machines Partners (Companies who have joined ENERGY STAR for Telephony by signing the Partnership Agreement)

You may use this form to report only those products that are sold under your company's brand name. If your firm sells its models to another company that uses its own brand name, that company must join the program and report its own products. Information from this form will be added to the list of ENERGY STAR qualified telephony products. Please send this form for each qualifying product model to Craig Hershberg of ENERGY STAR by fax at (202) 565-2077 or email hershberg.craig@epa.gov.

Company Name: _____
(As listed in Partnership Agreement)

Product Contact Information
(For public requesting product information)

Name _____
Tel: _____ Fax: _____
E-mail: _____

Note: Please provide the following information on the tested model ONLY.

Please specify below to whom this product is marketed:

Consumers _____ Telecom Companies _____ Retailers _____ Businesses _____ Other (specify) _____

Please complete all the fields below (see term definitions on page 2).

Brand Name / Manufacturer	Model Name & Number	Type A, B, or C*	Frequency (i.e. 900 MHz, 2.4 GHz, etc.)	Technology (analog, digital, or mechanical)	Spread Spectrum Technology (SST) (Yes or No?)	True Power (W)	Duration of Test (Hrs)	Number of Standby Modes (if applicable)

*A-cordless telephone B-answering machine C-combination unit

Tested By: (Name of Independent Testing Firm or Self-Tested) _____ Date Tested: _____

Qualification

Is product shipped with ENERGY STAR label:

_____ on top/front of product? (Required) _____ in product literature? (Required)
_____ on product packaging? (Required) _____ on Internet site? (Required)

If answer to any of the above is No, explain why: _____

This model meets all the requirements of the ENERGY STAR Telephony Partnership Agreement. (See Eligibility Criteria section of the ENERGY STAR Telephony Partnership Agreement)

Please sign below:

Signature _____ Date _____

Printed Name _____